SD CHTY PURCH 15 JUL 31 AM 10:43

COUNTY OF SAN DIEGO – DEPARTMENT OF PURCHASING AND CONTRACTING CONTRACT NO. <u>547132</u> AMENDMENT NO. <u>5</u>

To Community Research Foundation, Inc. Pursuant to the contract changes clause, you are directed to make the changes described herein to the Contract or do the following described work not included in the previous agreed on Statement of Work.

Title of Program: Psychiatric Emergency Response Team Services (PERT)

Effective Date: August 1, 2015

Description of Contract Change(s) and/or Work To Be Done:

This amendment adds Public Safety Group funding in the amount of \$733,333 for August 1, 2015 through June 30, 2016, and \$800,000 per year for the subsequent contract option years to support five (5) additional PERT teams in the Sheriff's iurisdiction and staff equipment. This amendment also revises language in Exhibit A, Statement of Work.

- 1. Amend Exhibit A, Statement of Work as follows:
 - a. Replace Section 3.1.3, now reads: "Contractor shall provide 9,174 crisis intervention contacts and 11,649 community service contacts during the fiscal year, for a combined total of 20,823 contacts."
 - b. Delete Section 3.1.4, and renumber remaining sections.
 - c. Replace Section 3.1.7 (formerly 3.1.8) which now reads: "Contractor shall provide training to a minimum of 85 families, clients, providers, and police dispatchers combined, to appropriately respond and interact with law enforcement in the event a mental health crisis arises to the level that 911 emergency assistance is needed."
 - d. Add Section 5.1.10 which reads: "Contractor shall perform linkage and referrals to community-based organizations including, but not limited to, primary care clinics and complementary healing centers, faith-based congregations, ethnic organizations and peer-directed programs such as Clubhouses."
 - e. Replace Section 6.6, now reads: "Contractor shall enter data within 48 hours of occurrence in the County designated Management Information (MIS) system. (See 3.1.4)."

| | Contract Term | Current Contract Amount | Amendment Amount | New Amended Total |
|----------------------------------|-------------------|-------------------------|---------------------|-------------------|
| Initial Contract Term | 1/01/14 – 6/30/14 | \$1,464,261 | | \$1,464,261 |
| Option Year One | 7/01/14 – 6/30/15 | \$2,752,104 | | \$2,752,104 |
| Option Year Two | 7/01/15 - 6/30/16 | \$3,552,104 | \$733,333 | \$4,285,437 |
| Option Year Three | 7/01/16 – 6/30/17 | \$3,552,104 | \$800,000 | \$4,352,104 |
| Option Year Four | 7/01/17 - 6/30/18 | \$3,552,104 | \$800,000 | \$4,352,104 |
| Option Year Five | 7/01/18 – 6/30/19 | \$3,552,104 | \$800,000 | \$4,352,104 |
| Option Year Six | 7/01/19 – 6/30/20 | \$3,552,104 | \$800,000 | \$4,352,104 |
| Total cumulative contract amount | 1/01/14 - 6/30/20 | \$21,976,885 | \$3,933,333 | \$25,910,218 |

f.

- 2. Amend the compensation clause to add \$733,333 for August 1, 2015 through June 30, 2016 and \$800,000 for each subsequent option year, for a total increase of \$3,933,333 (see chart below):
- 3. Revised Exhibit A, Statement of Work and Exhibit C, FY 15-16 Budget are attached. Changes to Exhibit A are noted by a line in the right margin.

All other Terms and Conditions remain the same.

IN WITNESS WHEREOF, County and Contractor have executed this Amendment effective as of the date first set forth above.

We, the undersigned Contractor, have given careful consideration to the change proposed and hereby agree, if this proposed change is approved, that we will provide all equipment, furnish all materials, except as may otherwise be noted above, and perform all services necessary for the work specified herein, and will accept as full payment an increase of \$733,333 for August 1, 2015 to June 30, 2016 for an amended FY 15-16 price of \$4,285,437 and \$800,000 for each of the subsequent option years, for a total increase of \$3,933,333.

Contract time for completion remains unchanged.

Revised Contract Total Price is \$25,910,218.

By:

LINDA HAMMOND, President Community Research Foundation, Inc. 1202 Morena Blvd., Suite 300 San Diego, CA 92110

Date: 7-23-15

THIS AMENDMENT IS NOT VALID UNLESS SIGNED BY THE DEPARTMENT OF PURCHASING AND CONTRACTING.

Department Review and Recommended Approval:

By: <u>Clicabeth (Peray) Lunghy</u> ELIZABETH (BETSY) KNIGHT,

Behavioral Health Program Coordinator Behavioral Health Services

Date: 2/30/15

APPROVED:

JOHN M. PELLEGRINO, Director

Department of Purchasing and Contracting

Date: 7/30/15

1. SCOPE OF WORK

The Psychiatric Emergency Response Team (PERT) contributes to the well-being of individuals experiencing a mental health crisis who have come in contact with law enforcement, as described in Paragraph 4, Target Population. PERT has been designed to improve collaboration between the behavioral health and law enforcement systems with the goal of more humane and effective handling of incidents involving law enforcement officers and individuals with mental illness, developmental disabilities and /or substance use disorders. Services should address the following basic functions:

- Provide mental health and substance use consultation, case coordination, linkage and limited crisis intervention services to clients who come in contact with law enforcement officers;
- Develop and provide a training program for law enforcement personnel for the purpose of improving their ability to identify and effectively intervene with individuals with mental illness, developmental disabilities and /or substance use disorders;
- Develop a data system which will facilitate a detailed analysis of the community service needs of
 individuals with mental illness, developmental disabilities and /or substance use disorders who come in
 contact with law enforcement officers that will complement the San Diego County Behavioral Health
 Services MIS system;
- Develop a neighborhood/community outreach program involving the neighborhood police teams, local business organizations and citizens; and
- Provide program coverage seven days a week from 6:00 a.m. to midnight. Note: Days and hours are subject to change based on law enforcement needs and calls for service.

2. BACKGROUND

The Adult & Older Adult Behavioral Health Services System of Care is based on Biopsychosocial and Rehabilitation (BPSR) principles that have proven to be effective in reducing psychiatric hospitalization and assisting mental health participants to become more productive community members. For more information, visit the link located at: https://uspra.ipower.com/Certification/USPRA CORE PRINCIPLES2009.pdf.

- 2.1 California voters approved Proposition 63, Mental Health Services Act (MHSA), in 2004. The MHSA increased funding for the community mental health system and laid the groundwork for the transformation of the mental health service delivery system from a "fail first" system, to one that promotes early intervention and recovery. All MHSA programs are wellness-focused, client/family-driven, and designed to create integrated service experiences while demonstrating cultural competency and community collaboration. The goal is to increase access to unserved and underserved individuals and families by reducing disparities in the service system. The MHSA is comprised of five components of services and/or program supports for which the funding established may be spent: Community Services and Supports (CSS), Workforce Education and Training (WET), Capital Facilities and Technological Needs (CF/TN), Prevention and Early Intervention (PEI), and Innovation (INN) Programs.
- 2.2 County and Health and Human Services Agency (HHSA)Strategic Initiatives: As part of the County's General Management System and Strategic Plan, this competitive procurement process will be an important part of the County's strategic initiative of Promoting Safe and Livable Communities by improving access to Mental Health Services. This innovative program will increase access to care by strategically engaging participants who are reluctant or avoidant of mental health treatment in voluntary outpatient mental health treatment programs.

The County's Strategic Plan is located at: http://www.sdcounty.ca.gov/dmpr/gfx/CAO Strategic Plan/.

The County's General Management System is at:

http://www.co.san-diego.ca.us/cao/docs/completegms.pdf.

2.3 Live Well San Diego (LWSD) was developed by the County of San Diego as a comprehensive, innovative strategy on wellness. This long-term plan combines the efforts of partners inside and outside County government to help all residents be healthy, safe, and thriving. All HHSA contractors, to the extent feasible, are expected to advance this initiative, which is being implemented in a phased approach. The first phase, Building Better Health, was adopted by the Board of Supervisors in 2010, and focuses on improving the health of residents and supporting healthy choices. The second phase, Living Safely, seeks to ensure residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies. The third phase, Thriving, focuses on promoting a region in which residents can enjoy the highest quality of life.

Information about the initiative can be found on the County's website and a website designated to the initiative:

http://www.sdcounty.ca.gov/hhsa/programs/sd/live_well_san_diego/index.html and http://www.LiveWellSD.org

LWSD outcomes for this Statement of Work may be found in the following paragraphs: 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.1.6, 3.1.8, and 3.1.9.

3. OUTCOME OBJECTIVES

- 3.1 Outcome objectives Contractor shall achieve the following outcome objectives:
 - 3.1.1. PERT Interventions: At a minimum, 75% or greater, PERT intervention cases shall result in de-escalation of violence to self, others or property as measured by data collected for each PERT intervention (3.1.5).
 - 3.1.2. 50% or greater PERT interventions result in avoided hospitalization or incarceration.
 - 3.1.3. Contractor shall provide 9,174 crisis intervention contacts and 11,649 community service contacts during the fiscal year, for a combined total of 20,823 contacts.
 - 3.1.3.1. Crisis intervention contacts are defined as a response to an unplanned event enabling client to cope with a crisis while maintaining his/her status as a functioning community member to the greatest extent possible.
 - 3.1.3.2. Community Service contacts are defined as mental health services that are provided in the community at large and are generally intended to be outreach activities to persons or organizations.
 - 3.1.4. PERT clinicians shall document the immediate outcome of the PERT intervention including the clients' disposition, demographic information, the client's level of violence and to whom the client was referred by entering the information into the Management Information System designated by the County.
 - 3.1.5. PERT Training: 85% of Contractor distributed course evaluations shall indicate increased knowledge of the subject matter covered by the training. When course evaluation results fall below 85%, Contractor shall review and evaluate the training curriculum and evaluations received from the training participants to identify and implement improvements to the training.
 - 3.1.6. Contractor shall obtain distributed course evaluations and as appropriate, administer pre and post-tests for all law enforcement training sessions or training modules.

- 3.1.7. Contractor shall provide training to a minimum of 85 families, clients, providers, and police dispatchers combined, to appropriately respond and interact with law enforcement in the event a mental health crisis arises to the level that 911 emergency assistance is needed.
- 3.1.8. Contractor shall provide training to the following populations:
 - 3.1.8.1. Five (5) PERT Academy trainings with capacity to serve seventy-five (75) individuals at each training.
 - 3.1.8.2. Ten (10) 8-hour trainings for law enforcement with a capacity to serve Fifty (50) individuals at each training.
 - 3.1.8.3. Two Crisis Response Trainings (CRT) for San Diego Police Department with the capacity to serve fifty (50) individuals at each training.
 - 3.1.8.4. One Advanced 16-hour training with the capacity to serve twenty-five (25) individuals at each training.
 - 3.1.8.5. One 8-hour training for Fire/Paramedics with the capacity to serve twenty-five (25) individuals at each training.
 - 3.1.8.6. One 8-hour training for probation/parole with the capacity to serve twenty-five (25) individuals at each training.
 - 3.1.8.7. One 8-hour refresher training with the capacity to serve twenty-five (25) individuals at each training.
 - 3.1.8.8. Four (4) Police Academy training with the capacity to serve twenty-five (25) individuals at each training.

4. TARGET POPULATION AND GEOGRAPHIC AREA

Contractor shall provide Countywide services to individuals with a behavioral health crisis who have come in contact with local law enforcement agencies and/or who need immediate mental health crisis intervention and/or assessment. Contractor shall focus on sub-specialty relationships with Transitional Age Youth (TAY) and Older Adult populations in the community. Contractor shall provide services to the citizens residing in underserved communities and to San Diego County's military Veteran population.

5. GENERAL REQUIREMENTS FOR SERVICE DELIVERY

- 5.1 Crisis Intervention and Client Services
 - 5.1.1. Contractor shall provide, operate and maintain a Psychiatric Emergency Response Team in collaboration with County's Mental Health Plan and law enforcement agencies throughout San Diego County.
 - 5.1.2. Contractor shall provide culturally relevant services for the target population (as described in Paragraph 4) through the operation of PERT.
 - 5.1.3. Contractor shall provide mobile crisis interventions to individuals who are experiencing a mental health crisis when they come in contact with law enforcement.
 - 5.1.4. Contractor shall provide mental health support services/consultations to law enforcement agencies throughout the County.
 - 5.1.5. Contractor shall refer and link individuals to needed services.
 - 5.1.6. Contractor shall reduce inappropriate hospitalization and/or incarceration for clients and to refer the client to the most appropriate, least restrictive mental health program.

MITTING TO THE STATE OF THE STA

- 5.1.7. Contractor shall provide direct client interventions in conjunction with law enforcement officers.
- 5.1.8. Contractor shall provide client follow up services as appropriate. Follow ups shall include services to high risk individuals who have limited or no connection with the behavioral health system in San Diego or who are experiencing a lengthy delay in obtaining the services they need, individuals who are elderly, psychotic, suicidal or homicidal but do not need inpatient criteria at the time of contact or who were taken to a hospital by PERT and recently released. PERT team shall provide up to three follow ups as appropriate based on a determination by the PERT team and verbal permission from the client. Four or more follow up services must be approved by the Contractor's Executive Director who will render additional assistance to facilitate linkage and admission to appropriate providers.
- 5.1.9. Contractor's program and services shall be trauma-informed and accommodate the vulnerabilities of trauma survivors and allow services to be delivered in a way that will avoid inadvertently re-traumatizing people and will facilitate consumer participation in services.
- 5.1.10. Contractor shall perform linkage and referrals to community-based organizations including, but not limited to, primary care clinics and complementary healing centers, faith-based congregations, ethnic organizations and peer-directed programs such as Clubhouses.
- 5.2 Training and Community Outreach
 - 5.2.1. Contractor shall recruit, train, and provide on-going training for clinical staff.
 - 5.2.2. Contractor shall ensure provision of training for law enforcement and clinical PERT staff regarding mental health and related topics and developmental disabilities.
 - 5.2.3. Contractor shall conduct monthly "Roundtable" meetings for local law enforcement, providers and clinicians in geographical locations to ensure countywide coverage. At a minimum, the geographic locations shall include: North, Central, East and South. Contractor shall attend mandatory meetings as directed by COR with local agencies as they pertain to PERT and the community, including: LPS, Hospital Partners, Public Safety meeting, and Mental Health Advisory Board (MHAB) and Alcohol and Drug Advisory Board (ADAB) meetings. Contractor will be notified by the County if additional meetings are required in response to an emergency situation or unforeseen circumstance.
 - 5.2.4. Contractor shall provide a minimum of quarterly training days for law enforcement and PERT program clinicians, to include topics relevant to PERT services such as: Policy and Procedure review, discussion Operational and Clinical scenarios between clinicians and law enforcement, in-services training from referral sources, etc.
 - 5.2.5. Contractor shall provide a minimum of quarterly training days to law enforcement. Quarterly training may include the PERT Academy, Treatments and Medications, Cultural Awareness,
 - 5.2.6. Contractor shall provide quarterly Patient Advocate training to law enforcement and PERT program clinicians.
 - 5.2.7. Contractor shall provide education and information outreach programs, including a minimum of six presentations, about PERT to the public agencies, local business organizations, residents and community members.
 - 5.2.8. Contractor shall provide education, training, and support to law enforcement and other community mental health providers to help serve individuals who are in crisis and in need of mental health services.

- 5.2.9. Contractor shall provide a minimum of quarterly presentations about PERT to providers, such as client run clubhouses, hospitals, schools, public service clubs, community mental health programs.
- 5.2.10. Contractor shall maintain an up-to-date listing of community resources adequate to meet the needs of target population.
- 5.2.11. Contractor shall adhere to all County required training requirements.
- 5.3 Staffing and County Requirements
 - 5.3.1. Contractor shall develop internal written policies, procedures and protocols for all mental health client services.
 - 5.3.2. Contracted staff providing direct services to mental health clients shall be licensed/registered practitioners in the State of California.
 - 5.3.3. Contracted staff shall have experience, education and training to serve and meet the needs of the target population.
 - 5.3.4. Contractor shall be notified by the County in advance of any required training. County may provide notification to the Contractor of all trainings via email to a designee of the Contractor.
 - 5.3.5. Contractor shall develop and sign Memoranda of Understanding/Partnership Agreements (MOU/PA) within first thirty (30) days of contract execution with law enforcement agencies and other appropriate agencies to outline each agency's role in connection with the PERT program. Contractor may use existing, signed MOU/PAs that address the needs of the services and functions of this program. Contractor shall provide the COR with copies of each signed MOU/PA related to the PERT program.
 - 5.3.6. Clinical Staff Association (CSA): Contractor shall support the activity of the San Diego County Behavioral Health Services Clinical Staff Association (CSA) by disseminating material and releasing staff to attend meetings, as resources permit.
 - 5.3.7. Contractor shall recognize that the County of San Diego has the following scheduled holidays and County agencies may be difficult to contact:

New Year's Day

Labor Day

Martin Luther King Day

Thanksgiving Day

Presidents' Day

Friday following Thanksgiving

Easter

Veteran's Day

Memorial Day

Christmas Day

Independence Day

- 5.3.8. Disaster Response: In the event that a local, state, or federal emergency is proclaimed within San Diego County, Contractor shall respond in accordance with <u>Organizational Provider</u> Operations Handbook located at the TRL.
- 5.3.9. Contractor shall comply with all applicable provisions of the <u>Organizational Provider Operations Handbook</u> and its appendices, located at the Technical Resource Library which will be updated periodically.

- 5.3.10. Contractor shall comply with all applicable provisions of the <u>Organizational Provider Financial</u> <u>Eligibility and Billing Procedures Manual</u> located at the Technical Resource Library, which will be updated periodically.
- 5.3.11. Contractor shall comply with all applicable provisions of the Adult & Older Adult Mental Health Documentation and Uniform Clinical Records Manual, located at the Technical Resource Library, which will be updated periodically.
- 5.3.12. Technical Resource Library (TRL) is located at:
 - http://www.sdcounty.ca.gov/hhsa/programs/bhs/mental_health_services_act/technical_resource_lib_rary.html
- 5.3.13. Contractor shall adhere to funding source regulations and outcomes, including, but not limited to MHSA, PATH, and SAMHSA. COR shall identify applicable funding source regulations and outcomes at commencement of contract and whenever funding source regulations and outcomes change.
- 5.3.14. Communication and Coordination
- 5.3.14.1. Contractor shall obtain, provide, utilize, and maintain capacity to communicate in a timely fashion, returning messages within 24 hours with the COR via all of the following: electronic mail (e-mail), fax, telephone and voice mail.
 - 5.3.14.2. Contractor shall participate in scheduled provider meetings to further the development of an integrated system of care.

5.3.15. Program Management

- 5.3.15.1.Contractor shall provide Program Management, which includes business and administrative planning, organizing, directing, coordinating, and approving actions designed to accomplish overall program objectives.
- 5.3.15.2. Contractor shall identify lead Program Manager to provide administrative and clinical leadership, be responsible for the day-to-day operations of the program, and be accessible to Adult & Older Adult Behavioral Health Services (BHS) by telephone and by e-mail during program's regular office hours.
- 5.3.15.3. Contractor shall provide COR an organizational chart identifying key personnel and reporting relationships when contract is executed, and within 72 hours of any changes to organizational structure.
- 5.3.15.4. Contractor shall notify COR prior to personnel change in Program Manager Position (or its equivalent).
- 5.3.15.5.A written plan for program coverage and personnel transition shall be submitted to Adult & Older Adult BHS at least 72 hours prior to any personnel change in Program Manager Position.
- 5.3.15.6. Resume of candidate for replacement shall be submitted to COR for Adult & Older Adult BHS review and comment at least 72 hours prior to hiring.
- 5.3.16. Client Rights: Contractor shall comply with Federal, State and County requirements regarding client rights, including grievances and appeals, as described in the <u>Organizational Provider</u> Operations Handbook located at the TRL.
- 5.3.17. Cultural Competence: Contractor shall comply with cultural competence requirements as referenced in the <u>Organizational Provider Operations Handbook</u> and shall demonstrate

integration of cultural competence standards described in the San Diego County Behavioral Health Services (SDCMHS) Cultural Competence (CC) Plan located at the TRL.

- 5.3.17.1. Contractor shall provide a Human Resource Plan that includes how Contractor shall recruit, hire and retain bilingual and culturally diverse staff.
- 5.3.17.2. Contractors shall provide a CC Plan that is consistent with the SDCMHS CC Plan 2010. This may be the Legal Entity's CC Plan.
- 5.3.17.3. Contractor shall identify a process to determine bilingual proficiency of staff at a minimum in the threshold languages for the County which include English, Spanish, Tagalog, Vietnamese and Farsi.
- 5.3.17.4. Contractor shall use the Culturally Competent Program Annual Self-Evaluation (CC-PAS) and the California Brief Multi-Cultural Competency Scale (CBMCS) as tools to determine the levels of cultural competency as a provider and staff person, respectively. These tools are found in the Organizational Provider Operations Handbook and also located at the TRL (http://www.sdcounty.ca.gov/hhsa/programs/bhs/mental_health_services_act/technical_resource_library.html). COR shall advise the Contractor when there is a need to use other evaluation tools.
- 5.3.17.5.100% of staff shall participate in at least four (4) hours of cultural competence training per fiscal year.
- 5.3.17.6. Culturally and Linguistically-Appropriate Services (CLAS): To ensure equal access to quality care by diverse populations, each service provider receiving funds from this contract shall adopt the federal Office of Minority Health (OMH) Culturally and Linguistically-Appropriate Service (CLAS) national standards. The National CLAS standards are located at:

http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=15

- 5.3.18. Co-Occurring Initiative: Contractor shall support the County of San Diego's Co-Occurring Initiative and adopt the Comprehensive, Continuous, Integrated System of Care (CCISC) model that espouses a treatment and recovery philosophy and promotes the integrated treatment of participants with mental illness and substance use issues. When applicable, or as determined by the COR, Contractor shall be dually capable through compliance with all applicable provisions in the Organizational Provider Operations Handbook.
- 5.3.19. Compliance Program: At all times during the term of this contract, Contractor shall maintain a compliance program in accordance with the <u>Organizational Provider Operations Handbook</u> located at the TRL.
- 5.3.20. Quality Improvement: Contractor shall comply with AOABHS Quality Improvement Program provisions, as described in <u>Organizational Provider Operations Handbook</u> located at the TRL, may include, but not be limited to: Client Outcomes; MHSA Outcomes; Serious Incident Reporting; and Program Status Report.
- 5.3.21. Utilization Management: Contractor shall perform Utilization Management activities in accordance with Organizational Provider Operations Handbook located at the TRL.
- 5.3.22. Traffic Violations: Contractor shall not allow transporting participants any person convicted of any serious traffic violation, including, but not limited to, violations listed below:
 - 5.3.22.1. Any combination of Driving Under the Influence or Failure to Appear which totals more than two in the past five years;

- 5.3.22.2. At fault Hit and Run accident in the past five years;
- 5.3.22.3. At fault accidents which total more than three in the past five years;
- 5.3.22.4. Reckless Driving offenses, which total more than two in the past five years.
- 5.3.23. Criminal Background Clearance: Contractor shall comply with all applicable provision of Article 16 section 21 of the Pro Forma Agreement.
 - 5.3.23.1.Contractor's Staff: Contractor's employees, consultants, volunteers, who work on this contract and work directly with minors, shall have clearances for work with minors completed by the Contractor prior to employment and annually thereafter as defined in the Organizational Provider Operations Handbook.
- 5.3.24. Contractor and its agents and employees are subject to and shall comply with the Child Abuse Reporting Law (California Penal Code section 11164) and Adult Abuse Reporting Law (California Welfare and Institutions Code section 15630).

6. DATA COLLECTION AND REPORTING REQUIREMENTS

- 6.1 Contractor shall collect and enter the following data into the County designated Management information System (MIS) system:
 - 6.1.1. Client demographics (including age, sex, ethnicity, etc.);
 - 6.1.2. Date and time of contact;
 - 6.1.3. Description of the incident;
 - 6.1.4. Client disposition and level of violence; and
 - 6.1.5. Action taken and to whom the client was referred.
 - 6.1.6. Contractor shall comply with applicable Organizational Provider Operations Handbook provisions including, but not limited to: Data Collection; Accuracy of Data; Financial Eligibility and Billing Procedures; Medi-Cal Administrative Activity (MAA); and Additional Outcome Measures.
 - 6.2 Contractor shall document any consultation, training and client services in accordance with policy and procedures for Outreach/Community Services.
 - 6.3 Contractor shall record all direct and indirect client contacts on the Client/Data Entry Form, or an alternative-form approved by the COR.
 - 6.4 Program Status Reports
 - 6.4.1. Format of the Program Status Report shall be as directed by Adult & Older Adult BHS and shall include information as included in the Status Report template.
 - 6.4.2. Compliance shall be measured by accurate completion of all sections of each report and by timely submission.
 - 6.4.3. Data collection as requested by the County to include:
 - 6.4.3.1. Use of instruments determining outcome objectives as directed by the County.
 - 6.4.3.2. Monthly or quarterly reporting as requested by the COR of results for outcome objectives.
 - 6.4.3.3. Additional outcomes may be identified by the Department of Health Care Services (DHCS) and will be included as required. Contractor shall utilize designated database to record and track outcomes, if deemed mandatory buy the County and COR.

6.4.3.4. Ad hoc reporting as required.

- 6.5 Budget Reporting: Contractor shall report separately on MHSA, MIS MHSA, and Non-MHSA budgets per guidelines in Exhibit C.
- 6.6 Contractor shall enter data within 48 hours of occurrence in the County designated Management Information (MIS) system. (See 3.1.4).
- 6.7 Critical Incident Reporting: Contractor shall report Critical Incidents according to the policy and procedure in the <u>Organization Provider Operations Handbook</u>. Contractor shall report critical Incidents to the COR within 24 hrs of occurrence.

Exhibit C Budget Summary Page

This budget will remain in effect throughout the entire contract term unless amended or revised through AAR.

| Contractor: | Community Re | esearch Founda | tion | Bud | lget Period: | 07/01/15 | - 06/30/16 | Contract #: | 547132 | An | nendment#: | 5 | • | |
|---|--|----------------|--------------|--------------------|--|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------------------------|-------------------|--|
| Program Name | YOTAL | PERT Core | PERT MHSA | PERT MHSA Training | PERT Sheriff Public Safety Group | PROGRAM NAME | PROGRAM NAME | |
| Funding Source/Population | | SD/MC | MHSA | MHSA | Public Safety Group | FUNDING SOURCE | FUNDING SOURCE | |
| 1 Salaries and Benefits (Schedule I) | 3,266,715.45 | 1,206,182.65 | 1,417,461.91 | 77,236.13 | 565,834.75 | | | | | | | | | |
| 2 Operating Expense (Schedule II) | 461,615.04 | 100,647.83 | 131,116.96 | 157,684.99 | 72,165.26 | - | - | | | - | | | - | |
| 3 Fixed Assets (Supplemental A) | - | - | - | - | - | - | - | - | | | - | - | - | |
| 4 *Indirect Cost (Schedule III) | 557,106.85 | 195,273.52 | 231,396.84 | 35,103,16 | 95,333.33 | - | - | - | | | - | | - | |
| 5 GROSS COST | 4,285,437,34 | 1,502,104.00 | 1,779,975.71 | 270,024,29 | 733,333.34 | • | | - | | | | - | - | |
| 6 Less: Contract Revenues 7 Participant Fees | sticipant Fees | | | | | | | | | | | | | |
| 8 Other Patient Insurance | | | | | | | | | | | | | | |
| 9 Medicare | _ | | | | | | | | | | | - | | |
| 10 Other Revenues: (Specify) | - | | | - | | | | | | | | | | |
| 11 TOTAL CONTRACT REVENUES | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 12 NET COST (CONTRACT MAX) | 4,285,437.34 | 1,502,104.00 | 1,779,975.71 | 270,024.29 | 733,333.34 | | | | | | | | | |
| | | | | | | | | | | | | | | |
| FUNDING SOURCE | TOTAL | PERT Core | PERT MHSA | PERT MHSA Training | Public Safety Group | PROGRAM NAME | PROGRAM NAME | |
| 13 SD/MC FFP | 415,547.97 | 203,441.19 | 104,105.02 | - | 108,001.76 | | | _ | _ | | | - | | |
| 14 PATH | - | 202,11112 | 101,100.02 | | 150,001.115 | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| 15 SAMHSA | | | | | | | • | | | | | | | |
| 16 MHSA | 1,945,894,98 | | 1,675,870.69 | 270,024.29 | | | | | | | | | | |
| 17 MH Other Discretionary | 1,923,994.39 | 1,298,662.81 | | · · · · · | 625,331.58 | | | | | | | | | |
| 18 ADS DMC | | | | | | | | | | | | | | |
| 19 ADS DMC AB0109 | - | | | | | | | | | | | | | |
| 20 AB109 | • | | | | | | | , | | - " | | | | |
| 21 SAPT Primary Prevention. | - | | | | | | | | | | | | | |
| 22 SAPT HIV 23 GP | - | | | | | | | | | | | | | |
| 23 GP | - | | | | | | | | | | | | | |
| 23 ADS Other | - | | | | | | | | | | | | | |
| | - | | | | | | | | | | | | | |
| 24 TOTAL | 4,285,437.34 | 1,502,104.00 | 1,779,975,71 | 270,024.29 | 733,333.34 | - | - | - | - | | - | - | • | |
| | | | | | | | | | | | | | | |
| CONTROL CHECK | <u> </u> | | - | - | | - | | - | - | - | - | | | |
| I certify that the deliverables a Allocation Plan on file. | | | | | accordance w | ith the terms | and condition | s set forth th | erein and the | budgeted cos | its reported al | lign with the c | urrent Cost | |
| Contractor's Authorized Signature | | 86 | M | | | | | Date: | 07/30/15 | | | | | |
| Type Name and Title | Type Name and Title Bob Marchetti, Chief Financial Officer | | | | | | | | | | | | | |
| Approved By: | Eliza | both (P. | etros) a | Kaight | | | | Date: | 7/3// | 5 | | | | |

COR Approval

(For County Use Only)

HEALTH AND HUMAN SERVICES AGENCY - BEHAVIORAL HEALTH SERVICES Exhibit C Budget Summary Page - Mental Health Projected Units Data

Contractor: Community Research Foundation Budget Period: 07/01/15 - 06/30/16 Amendment #: Contract #: 547132 5 Service Function Code TOTAL SFC1 SEC2 SFC5 SEC6 SEC7 SEC10 202 MAA Referral w 205 MAA Mental on-MAA 65 Coron Service Function Description PERT Academy Bealth Outreach PROGRAM NAME: PERT Core FUNDING SOURCE: SD/MC Gross Cost (Line 5 Budget Summ Amt) 1.502.104.00 232,504,22 174,378,17 140,948,83 954,272,79 Other Revenues Net Cost 1.502.104.00 232 504 22 174 378 17 140 948 83 954 272 79 Total Units of Service 9,191 2.163 1.622 5.406 Cost per Units of Service 107.51 26.07 107 49 Total Billing Units 667,489 283,288 212.466 171,735 Cost per Billing Units 0.82 0.82 0.82 Standard Rate or CMA 2.11 2.11 2.11 495,754 Total SD/MC Billing Units-Traditional (50% FFP) 283,288 212,466 Total SD/MC Billing Units-PPACA (65% FFP) Total SD/MC Billing Units-PPACA (100% FFP) Total SD/MC Billing Units 495,754 283,288 212,466 Percentage of total SD/MC to total billing units 74% 100% 100% 0% FFP revenue - traditional (50% FFP) 203,441,19 87,189,08 116.252.11 FFP revenue - PPACA, etc (65% FFP) | |FFP revenue - PPACA, etc (100% FFP) TOTAL FFP Revenue 203.441.19 116,252 11 87,189.08 PROGRAM NAME: PERT MHSA FUNDING SOURCE: MHSA Gross Cost (Line 5 Budget Summ Amt) 1,779,975.71 287,675 52 215,756,43 179,508 05 1.097.035.71 Other Revenues 287.675.52 Net Cost 1.779.975.71 215.756 43 179,508.05 1,097,035.71 Total Units of Service 10.689 2.515 1 886 6.288 Cost per Units of Service 114.40 28 55 114 38 Total Billing Units 823.992 347.091 260,318 216,583 Cost per Billing Units 0.83 0.83 0,83 Standard Rate or CMA 2.11 2.11 2.11 Total SD/MC Billing Units-Traditional (50% FFP) 251,213 143.550 107,663 Total SD/MC Billing Units-PPACA (65% FFP) Total SD/MC Billing Units-PPACA (100% FFP) Total SD/MC Billing Units 251,213 143,550 107,663 Percentage of total SD/MC to total billing units 30% 41% 41% 0% FFP revenue - traditional (50% FFP) 104,105 02 59,488,46 44.616.56 FFP revenue - PPACA, etc (65% FFP) FFP revenue - PPACA, etc (100% FFP) TOTAL FFP Revenue 104,105,02 59,488,46 44.616.56

HEALTH AND HUMAN SERVICES AGENCY - BEHAVIORAL HEALTH SERVICES Exhibit C Budget Summary Page - Mental Health Projected Units Data

Contractor: Community Research Foundation Budget Period: 07/01/15 - 06/30/16 Contract #: 547132 Amendment #: 5 Service Function Code TOTAL SFC1 SFC2 SFC6 SFC10 202 MAA Referral in 205 MAA Mental Non-MAA 65 Comm Service Function Description Health Outreach PERT Academy PROGRAM NAME: PERT MHSA Training FUNDING SOURCE: MHSA Gross Cost (Line 5 Budget Summ Amt) 270 024 29 270.024.29 Other Revenues Net Cost 270.024.29 270 024 29 Total Units of Service Cost per Units of Service Total Billing Units Cost per Billing Units Standard Rate or CMA Total SD/MC Billing Units-Traditional (50% FFP) Total SD/MC Billing Units-PPACA (65% FFP) Total SD/MC Billing Units-PPACA (100% FFP) Total SD/MC Billing Units Percentage of total SD/MC to total billing units FFP revenue - traditional (50% FFP) FFP revenue - PPACA, etc (65% FFP) FFP revenue - PPACA, etc (100% FFP) TOTAL FFP Revenue PROGRAM NAME: PERT Sheriff Public Safety Group FUNDING SOURCE: Public Safety Group Gross Cost (Line 5 Budget Summ Amt) 733.333.34 123 430 63 92 572 89 76 235 32 441 094 50 Other Revenues Net Cost 733.333.34 123,430.63 92,572.89 76,235.32 441,094 50 Total Units of Service 4,552 2,678 1,071 803 Cost per Units of Service 28.47 115.25 115.28 Total Billing Units 339,875 143,550 107.663 88.662 Cost per Billing Units 0.86 0.86 0.86 Standard Rate or CMA 2.11 2.11 2.11 Total SD/MC Billing Units-Traditional (50% FFP) 251,213 143,550 107,663 Total SD/MC Billing Units-PPACA (65% FFP) Total SD/MC Billing Units-PPACA (100% FFP) Total SD/MC Billing Units 251,213 143.550 107,663 Percentage of total SD/MC to total billing units 74% 100% 100% 0% FFP revenue - traditional (50% FFP) 108,001.76 61.715.32 46.286 44 FFP revenue - PPACA, etc (65% FFP) FFP revenue - PPACA, etc (100% FFP) TOTAL FFP Revenue 108,001.76 61,715.32 46.286.44

| =vhihit | C Schodula I | l - Salarice | and Renefite |
|---------|--------------|--------------|--------------|

Contract #:

547132

Salaries & Benefits Total 3,266,715.78

Contractor: Program:

Community Research Foundation

Funding Source:

SD/MC

State Provider Code: 37-

5 DN

Budget Period:

PERT Core 07/01/15 - 06/30/16

Address:

1094 Cudahy Place, Ste 314 San Diego, CA 92110

D/M-C Provider Code:

Amendment #

| Position | | | PROPOSED B | UDGET | | | PF | IOR APPROVE | D BUDGE | Г | | NET CH | ANGE / INCREA | SE (DEC | REASE) |
|--|---------------|--------------|------------------------------|----------------|-------------------------|---------------|--------------|------------------------------|----------------|-------------------------|---------------|--------------|------------------------------|----------------|-------------------------|
| | Direct FTE | Admin FTE | Annual Salary (full time) | # of months | Total Salary Expense | Direct FTE | Admin FTE | Annual Salary (full time) | # of months | Total Salary Expense | Direct FTE | Admin FTE | Annual Salary (full time) | # of months | Total Salary Expense |
| Director | - | 0.30 | 115,000.01 | 12.00 | 34,997.94 | - | 0.49 | 113,295.69 | 12.00 | 55,231.65 | - | (0.18) | 1,704.32 | - | (20,233.71 |
| Law Enforcement Liaison/Community Outreach Coordinator | | 0.36 | 73,120.00 | 12.00 | 26,550,11 | - | 0.50 | 72,080.00 | 12.00 | 36,040.00 | | (0.14) | 1,040.00 | - | (9,489.89 |
| Assitant Director | | 0.38 | 83,200.00 | 12.00 | 31,296.30 | | - | - | | - | - | 0.38 | 83,200.00 | 12.00 | 31,296.30 |
| Office Manager | | 0.38 | 39,520.00 | 12.00 | 14,865.74 | | 0.50 | 37,440.00 | 12.00 | 18,720.00 | - | (0.12) | 2,080.00 | - | (3,854.26 |
| Admin Asst/Med Records Specialist | - | 0.38 | 37,440.00 | 12.00 | 14,083.33 | - | 0.50 | 35,360.00 | 12.00 | 17,680.00 | - | (0.12) | 2,080.00 | - | (3,596.67 |
| Admin Asst/Med Records Specialist | · . | 0.38 | 35,360.00 | 12.00 | 13,300.93 | | - | - | | • | | 0.38 | 35,360.00 | 12.00 | 13,300.93 |
| Team Leader | 0.75 | 0.25 | 74,880.00 | 12.00 | 74,880.00 | 0.75 | 0.25 | 74,880.00 | 12.00 | 74,880.00 | - | | - | - | - |
| Team Leader | 0.75 | 0.25 | 74,880.00 | 12.00 | 74,880.00 | 0.75 | 0.25 | 74,880.00 | 12.00 | 74,880.00 | - | - | - | - | - |
| Clinician | 1.00 | - | 66,352.00 | 12.00 | 66,352.00 | 1.00 | - | 66,352.00 | 12.00 | 66,352.00 | - | - | - | - | - |
| Clinician | 1.00 | - | 65,312.00 | 12.00 | 65,312.00 | 1.00 | - | 65,312.00 | 12.00 | 65,312.00 | - | | | - | - |
| Clinician | 1.00 | | 64,272.00 | 12.00 | 64,272.00 | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | - | - | - | - | - |
| Clinician | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | - | - | | - | - |
| Clinician | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | | - | - | - | - |
| Clinician | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | - | - | - | | - |
| Clinician | 1.00 | | 64,272.00 | 12.00 | 64,272.00 | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | - | - | | | - |
| Clinician | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | 1.00 | | 64,272.00 | 12.00 | 64,272.00 | | - | - | - | - |
| Clinician | 1.00 | | 66,352.00 | 12.00 | 66,352.00 | 1.00 | - | 66,352.00 | 12.00 | 66,352.00 | - | | - | - | - |
| Clinician | 1.00 | | 64,272.00 | 12.00 | 64,272.00 | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | - | | - | | , |
| Clinician | 1.00 | | 64,272.00 | 12.00 | 64,272.00 | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | | - | | | |
| Salary and Wages Subtotal | | | | | 997,046.34 | | | | | 989,623.65 | | | | | 7,422.69 |
| Employee Benefits | | | | | 209,136.31 | | | | | 208,788.83 | | | | | 347.48 |
| SALARY & BENEFITS SUBTOTAL | 12.50 | 2.67 | | | 1,206,182.65 | 12.50 | 2.49 | | | 1,198,412.48 | - | 0.18 | | | 7,770.17 |

Exhibit C Schedule I - Salaries and Benefits

| Contractor: | Community Research Foundation | Contract #: | 547132 | Amendment #: | 5 |
|----------------|-------------------------------|-----------------|---|--------------------------|----|
| Program: | PERT MHSA | Funding Source: | MHSA | State Provider Code: 37- | DN |
| Budget Period: | 07/01/15 - 06/30/16 | Address: 10 | 094 Cudahy Place, Ste 314 San Diego, CA 92110 | D/M-C Provider Code: | 0 |

| buaget rerioa: | 0//01/15 - | DOIGUITO | | | Address: | 1004 040 | adily I lab | e, ole 314 Saii L | riogo, or | 32110 | D/M-C PI | Ovider C | out. | | U |
|--|---------------|--------------|------------------------------|----------------|-------------------------|---------------|--------------|------------------------------|----------------|-------------------------|---------------|--------------|------------------------------|----------------|-------------------------|
| Position | | | PROPOSED BI | JDGET | | | PF | RIOR APPROVE | D BUDGE | Т | | NET CH | ANGE / INCREA | SE (DECI | REASE) |
| | Direct FTE | Admin FTE | Annual Salary (full time) | # of months | Total Salary Expense | Direct FTE | Admin FTE | Annual Salary (full time) | # of months | Total Salary Expense | Direct FTE | Admin FTE | Annual Salary (full time) | # of months | Total Salary Expense |
| Director | | 0.36 | 115,000.01 | 12.00 | 40,830.93 | - | 0.49 | 113,295.69 | 12.00 | 55,231.65 | | (0.13) | 1,704.32 | - | (14,400.72) |
| Law Enforcement Liaison/Community Outreach Coordinator | 1 . | 0.42 | 73,120.00 | 12.00 | 30,879.82 | - | 0.50 | 72,080.00 | 12.00 | 36,040.00 | - | (80.0) | 1,040.00 | - | (5,160.18) |
| Assitant Director | - | 0.44 | 83,200.00 | 12.00 | 36,400.00 | - | - | - | - | - | - | 0.44 | 83,200.00 | 12.00 | 36,400.00 |
| Office Manager | | 0.44 | 39,520.00 | 12.00 | 17,290.00 | - | 0.50 | 37,440.00 | 12.00 | 18,720.00 | - | (0.06) | 2,080.00 | | (1,430.00) |
| Admin Asst/Med Records Specialist | - | 0.44 | 37,440.00 | 12.00 | 16,380.00 | - | 0.50 | 35,360.00 | 12.00 | 17,680.00 | - | (0.06) | 2,080.00 | | (1,300.00) |
| Admin Asst/Med Records Specialist | - | 0.44 | 35,360.00 | 12.00 | 15,470.00 | - | - | - | | | - | 0.44 | 35,360.00 | 12.00 | 15,470.00 |
| Team Leader | 0.75 | 0.25 | 74,880.00 | 12.00 | 74,880.00 | 0.75 | 0.25 | 74,880.00 | 12.00 | 74,880.00 | - | - | - | • | - |
| Team Leader | 0.75 | 0.25 | 74,880.00 | 12.00 | 74,880.00 | 0.75 | 0.25 | 74,880.00 | 12.00 | 74,880.00 | - | - | - | - | • |
| Clinician | 1.00 | | 64,272.00 | 12.00 | 64,272.00 | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | | - | - | - | • |
| Clinician | 1.00 | | 64,272.00 | 12.00 | 64,272.00 | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | - | - | - | - | - |
| Clinician | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | | - | - | | - |
| Team Leader | 0.75 | 0.25 | 78,000.00 | 12.00 | 78,000.00 | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | (0.25) | 0.25 | 13,728.00 | - | 13,728.00 |
| Clinician | 1.00 | | 64,272.00 | 12.00 | 64,272.00 | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | - | - | - | - | - |
| Training Coordinator | <u> </u> | | | - | - | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | (1.00) | - | (64,272.00) | (12.00) | (64,272.00 |
| Clinician | 2.00 | - | 67,136.00 | 12.00 | 134,272.00 | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | 1.00 | _ | 2,864.00 | | 70,000.00 |
| Clinician | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | 1.00 | | 64,272.00 | 12.00 | 64,272.00 | <u> </u> | - | - | - | - |
| Clinician | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | | | | | - | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 |
| Clinician | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 | | | | | | 1.00 | - | 64,272.00 | 12.00 | 64,272.00 |
| Clinician | 1.00 | - | 70,000.00 | 12.00 | 70,000.00 | . | L | ļ | | | 1.00 | - | 70,000.00 | 12.00 | 70,000.00 |
| Clinician | 1.00 | - | 70,000.00 | 12.00 | 70,000.00 | | | | | - | 1 00 | - | 70,000.00 | 12.00 | 70,000.00 |
| Clinician | 1.00 | | 70,000.00 | 12.00 | 70,000.00 | | | | | <u> </u> | 1.00 | - | 70,000.00 | 12.00 | 70,000.00 |
| Clinician Overtime Pool | 0.29 | | 70,000.00 | 12.00 | 20,192.31 | | | | | - | 0.29 | <u> </u> | 70,000.00 | 12.00 | 20,192.31 |
| Salary and Wages Subtotal | | | | | 1,199,379.05 | | | | | 791,607.65 | | | | | 407,771 |
| Employee Benefits | | | | | 218,082.86 | | | | | 188,876.35 | | | | | 29,207 |
| SALARY & BENEFITS SUBTOTAL | 14.54 | 3.28 | | | 1,417,461.91 | 9.50 | 2.49 | | | 980,484.00 | 5.04 | 0.79 | | | 436,978 |

Exhibit C Schedule I - Salaries and Benefits

| Contractor: | Community Research Foundation | Contract #: | 547132 | Amendment #: | 5 |
|----------------|-------------------------------|-----------------|--|--------------------------|-----|
| Program: | PERT MHSA Training | Funding Source: | MHSA | State Provider Code: 37- | DN. |
| Budget Period: | 07/01/15 - 06/30/16 | Address: | 1094 Cudahy Place, Ste 314 San Diego, CA 92110 | D/M-C Provider Code: | 0 |

| Position | | | PROPOSED B | UDGET | | | PF | RIOR APPROVE | D BUDGE | T | NET CHANGE / INCREASE (DECREASE) | | | | |
|--|--|--------------|------------------------------|----------------|-------------------------|---------------|--------------|------------------------------|----------------|-------------------------|----------------------------------|--------------|------------------------------|----------------|-------------------------|
| | Direct FTE | Admin FTE | Annual Salary (full time) | # of months | Total Salary Expense | Direct FTE | Admin FTE | Annual Salary (full time) | # of months | Total Salary Expense | Direct FTE | Admin FTE | Annual Salary (full time) | # of months | Total Salary Expense |
| Director | | 0.16 | 115,000.00 | 12.00 | 18,400.00 | | | | | <u> </u> | _ | 0.16 | 115,000.00 | 12.00 | 18,400.00 |
| Law Enforcement Liaison/Community Outreach Coordinator | - I | 0.03 | 73,120.00 | 12.00 | 2,537.56 | | | | | - | | 0.03 | 73,120.00 | 12.00 | 2,537.56 |
| Assitant Director | - | - | - | | - | | | | | - | - | - | | _ | |
| Training Coordinator | - | 1.00 | 41,600.00 | 12.00 | 41,600.00 | | | | | - | - | 1.00 | 41,600.00 | 12.00 | 41,600.00 |
| Office Manager | | | - | - 1 | - | | | | | | | - | - | - | |
| Admin Asst/Med Records Specialist | <u> </u> | | - | - | - | | | | | - | ļ . | - | - | - | - |
| Admin Asst/Med Records Specialist | - | - | - | - | - | | | | | - | - | - | - | - | |
| | | | | | _ | | | | · · | - | - | - | - | - | - |
| Salary and Wages Subtotal | | | | | 62,537.56 | | | | • | • | | | | | 62,537 56 |
| Employee Benefits | | - | | | 14,698.57 | | | | | | Ħ | | | | 14,698.57 |
| SALARY & BENEFITS SUBTOTAL | | 1.19 | | | 77,236.13 | 3 | | | | | - 1.19 77,236.13 | | | | |

Exhibit C Schedule I - Salaries and Benefits

| Contractor: | Community Research Foundation | Contract #: | 547132 | Amendment #: | 5 |
|----------------|----------------------------------|-----------------|---------------------|--------------------------|---|
| Program: | PERT Sheriff Public Safety Group | Funding Source: | Public Safety Group | State Provider Code: 37- | |
| Budget Period: | 07/01/15 - 06/30/16 | Address: | | D/M-C Provider Code: | |

| Position | | , | PROPOSED B | UDGET | | | PF | RIOR APPROVE | D BUDGE | Т | NET CHANGE / INCREASE (DECREASE) | | | | | |
|----------------------------|---------------|--------------------|------------------------------|----------------|-------------------------|---------------|--------------|------------------------------|----------------|-------------------------|----------------------------------|--------------|------------------------------|----------------|-----------------------------------|--|
| | Direct FTE | Admin FTE | Annual Salary (full time) | # of months | Total Salary Expense | Direct FTE | Admin FTE | Annual Salary (full time) | # of months | Total Salary Expense | Direct FTE | Admin FTE | Annual Salary (full time) | # of months | Total Salary Expense | |
| Director | - | 0.16 | 114,999.97 | 12.00 | 18,471.00 | ļ | | | | - | ļ | 0.16 | 114,999.97 | 12.00 | 18,471.00 | |
| Team Leader | 0.75 | 0.25 | 78,000.00 | 12.00 | 78,000.00 | | | | | ~ | 0.75 | 0.25 | 78,000.00 | 12.00 | 78,000.00 | |
| Training Coordinator | · | - | - | - | - | | | | | - | - | - | | | ·- · · - · · · · · · · | |
| Clinician | 1.00 | - | 70,000.00 | 12.00 | 70,000.00 | | | | | - | 1.00 | - | 70,000.00 | 12.00 | 70,000.00 | |
| Clínician | 1.00 | | 70,000.00 | 12.00 | 70,000.00 | | | | | - | 1.00 | - | 70,000.00 | 12.00 | 70,000.00 | |
| Clinician | 1.00 | - | 70,000.00 | 12.00 | 70,000.00 | | | | | - | 1.00 | - | 70,000.00 | 12.00 | 70,000.00 | |
| Clinician | 1.00 | | 70,000.00 | 12.00 | 70,000.00 | | | | | - | 1.00 | , | 70,000.00 | 12.00 | 70,000.00 | |
| Clinician Overtime Pool | 1,44 | - | 70,000.00 | 12.00 | 100,962.00 | | | | | - | 1.44 | - | 70,000.00 | 12.00 | 100,962.00 | |
| | | | | | | | | | | - | - | - | - | | | |
| Salary and Wages Subtotal | | <u> </u> | <u> </u> | <u> </u> | 477,433.00 | <u></u> | <u> </u> | | <u> </u> | - | | <u> </u> | | | 477,433.00 | |
| Employee Benefits | | 88,402.08 | | | | | ₄ | | | | 88,402.08 | | | | | |
| SALARY & BENEFITS SUBTOTAL | 6.19 | 19 0.41 565,835.08 | | | | | | | | | 6.19 0.41 565,835.08 | | | | | |

HEALTH AND HUMAN SERVICES AGENCY - BEHAVIORAL HEALTH SERVICES Exhibit C Schedule II- Operating Expense

| Contractor: | Community Research Foundation | Budget Period: <u>07/01/15 - 06/30/16</u> |
|-------------|-------------------------------|---|
| Contract #: | 547132 | Amendment #: 5 |

NOTE: The number of Cost Centers must match the services as contracted. Also, use only approved Cost Center names and use additional pages as needed to avoid using unreadable font sizes.

| Pro | gram Name | | | NET CHANGE! | | PERT Care | | | PERT MHSA | |
|-----|---------------------------------------|-----------------|--------------------------|------------------------|-----------------|----------------|-------------------------|-----------------|----------------|-------------------------|
| Fur | ding Source/Population | PROPOSED BUDGET | PRIOR APPROVED BUDGET | INCREASE (DECREASE) | | SD/MC | | | MHSA | |
| | | ROLL UP | ROLL UP | ROLL UP | Proposed Budget | Prior Approved | Increase/ (Decrease) | Proposed Budget | Prior Approved | Increase/ (Decrease) |
| 1 | *Consultants (from Supplemental B) | 30,500.00 | 20,500.00 | 10,000.00 | • | 10,250.00 | (10,250.00) | - | 10,250.00 | (10,250.00) |
| 2 | **Flex Fund | - | | - | | - | - | - | - | - |
| 3 | *Gift Cards | - | , | - | | | - | · | | - |
| 4 | *Interest Expense | - | | - | • | | • | - | - | - |
| 5 | *Leasehold Improvements | - | , | - | | - | - | - | - | |
| 6 | *Subcontracts (from Supplemental B) | - | - | - | - ' | - | | - | - | - |
| 7 | Building Rent & Leases | 71,630.00 | 28,560.00 | 43,070.00 | 22,205.00 | 14,280.00 | 7,925.00 | 25,787.00 | 14,280.00 | 11,507.00 |
| 8 | Building Repairs/Maintenance | 12,247.00 | 5,800.00 | 6,447.00 | 3,917.00 | 2,900.00 | 1,017.00 | 4,546.00 | 2,900.00 | 1,646.00 |
| 9 | Depreciation | - | - | - | | | | - | | - |
| 10 | Equipment Rent & Leases | 7,714.00 | 5,763.00 | 1,951.00 | 2,796.00 | 3,227.00 | (431.00) | 3,333.00 | 2,536.00 | 797.00 |
| 11 | Equipment Repair/Maintenance | 3,900.00 | 900.00 | 3,000.00 | 1,209.00 | 504.00 | 705 00 | 1,404.00 | 396.00 | 1,008.00 |
| 12 | Telecommunications | 44,772.00 | 35,036.00 | 9,736.00 | 15,336.00 | 17,752.00 | (2,416.00) | 21,660.00 | 17,284.00 | 4,376.00 |
| 13 | Utilities | 7,600.00 | 2,800.00 | 4,800.00 | 2,356.00 | 1,400.00 | 956.00 | 2,736.00 | 1,400.00 | 1,336.00 |
| 14 | Medical Supplies | - | · | - | | - | - | - | - | - |
| 15 | Minor Equipment | 76,663.86 | 480.00 | 76,183.86 | 14,253.72 | 240.00 | 14,013.72 | 34,348.46 | 240.00 | 34,108.46 |
| 16 | Office Supplies | 14,719.00 | 9,676.00 | 5,043.00 | 4,328.00 | 4,838.00 | (510.00) | 4,853.00 | 4,838.00 | 15.00 |
| 17 | Other Supplies | 5,917.00 | 5,732.00 | 185.00 | 1,889.00 | 2,866.00 | (977.00) | 2,136.00 | 2,866.00 | (730.00) |
| 18 | Printing | 15,457.00 | 3,456.00 | 12,001.00 | 1,071.00 | 1,728.00 | (657.00) | 1,245.00 | 1,728.00 | (483.00) |
| 19 | Drug Testing | | - | - | - | | | , | | - |
| 20 | Laboratory Services/non-drug testing | · | - | | - | | - | - | | - |
| 21 | Pharmaceutical | | - | - | - | | - | - | - | - |
| 22 | 24 Hour Program: Food | - | - | - | - | - | - | - | - | |
| 23 | 24 Hour Program: Personal Needs Items | | - | - | - | - | - | - | | - |
| 24 | Client Transportation | - | - | - | - | - | - | - | - | - |
| 25 | Travel | 14,550.00 | 4,800.00 | 9,750.00 | 5,400.00 | 2,400.00 | 3,000.00 | 5,400.00 | 2,400.00 | 3,000.00 |
| 26 | Accounting/Auditing/Legal Fees | 6,773.00 | 10,000.00 | (3,227.00) | 2,717.00 | 5,000.00 | (2,283.00) | 2,181.00 | 5,000.00 | (2,819.00) |
| 27 | Dues and Subscriptions | 1,716.00 | 1,377.00 | 339.00 | 732.00 | 756.00 | (24.00) | 859.00 | 621.00 | 238.00 |
| 28 | Insurance | 23,234.65 | 31,016.00 | (7,781.35) | 9,704.05 | 15,508.00 | (5,803.95) | 6,727.80 | 15,508.00 | (8,780.20) |
| 29 | Staff Development/Training/Education | 10,788.00 | 43,074.00 | (32,286.00) | 3,344.00 | 21,537.00 | (18,193.00) | 3,884.00 | 21,537.00 | (17,653.00) |
| 30 | Tax/License/Fees | 9,905.33 | 664.00 | 9,241.33 | 3,605.46 | 332.00 | 3,273.46 | 2,454.10 | 332.00 | 2,122.10 |
| 31 | Other Business Services | 103,528.20 | 5,800.00 | 97,728.20 | 5,784.60 | 2,900.00 | 2,884.60 | 7,562.60 | 2,900.00 | 4,662.60 |
| 32 | Interpreter Services | - | - | - | - | | - | - | | - |
| | Operating Expenses Total | 461,615.04 | 215,434.00 | 246,181.04 | 100,647.83 | 108,418.00 | (7,770.17) | 131,116.96 | 107,016.00 | 24,100.96 |

^{*} May not be exceeded without prior HHSA approval.

^{**} Funded line item maybe exceeded up to \$1,000. Excess more than \$1,000 will require COR preapproval

HEALTH AND HUMAN SERVICES AGENCY - BEHAVIORAL HEALTH SERVICES Exhibit C Schedule II- Operating Expense

| Contractor: | Community Research Foundation | Budget Period: 07/01/15 - 06/30/16 |
|-------------|-------------------------------|------------------------------------|
| Contract #: | 547132 | Amendment #: 5 |

NOTE: The number of Cost Centers must match the services as contracted. Also, use only approved Cost Center names and use additional pages as needed to avoid using unreadable font sizes.

| Pro | gram Name | | PERT MHSA Training | | PERT | Sheriff Public Safety | Group | PROGRAM NAME | | |
|-----|---------------------------------------|-----------------|--------------------|-------------------------|---------------------|-----------------------|-------------------------|-----------------|----------------|-------------------------|
| Fun | ding Source/Population | | MHSA | | Public Safety Group | | | | FUNDING SOURCE | |
| | | Proposed Budget | Prior Approved | Increase/ (Decrease) | Proposed Budget | Prior Approved | Increase/ (Decrease) | Proposed Sudget | Prior Approved | Increase/ (Decrease) |
| 1 | *Consultants (from Supplemental B) | 30,500.00 | | 30,500.00 | | | • | | | |
| 2 | **Flex Fund | - | | - | | | - | | | |
| 3 | *Gift Cards | - | | - | | | | | | - |
| 4 | *Interest Expense | - | | - | | | - | | | - |
| 5 | *Leasehold Improvements | | | | | | | | | - |
| 6 | *Subcontracts (from Supplemental B) | - | | - | | | - | | | - |
| 7 | Building Rent & Leases | 12,177.00 | | 12,177.00 | 11,461.00 | | 11,461.00 | | | - |
| 8 | Building Repairs/Maintenance | 1,773.00 | | 1,773.00 | 2,011.00 | | 2,011.00 | | | - |
| 9 | Depreciation | - | | | - | | | | | - |
| 10 | Equipment Rent & Leases | 328.00 | | 328 00 | 1,257.00 | | 1,257.00 | | | - |
| 11 | Equipment Repair/Maintenance | 663.00 | | 663.00 | 624.00 | | 624.00 | | | - |
| 12 | Telecommunications | 1,848.00 | | 1,848.00 | 5,928.00 | | 5,928.00 | | | - |
| 13 | Utilities | 1,292.00 | | 1,292.00 | 1,216.00 | | 1,216.00 | | | |
| 14 | Medical Supplies | - | | _ | - | | - | | | - |
| 15 | Minor Equipment | 7,087.49 | | 7,087.49 | 20,974.19 | | 20,974.19 | | | - |
| 16 | Office Supplies | 1,510.00 | | 1,510.00 | 4,028.00 | | 4,028.00 | | | - |
| 17 | Other Supplies | 223.00 | | 223.00 | 1,669.00 | | 1,669.00 | | | , |
| 18 | Printing | 12,587.00 | | 12,587.00 | 554.00 | | 554.00 | | | - |
| 19 | Drug Testing | - | | - | - | | - | | | - |
| 20 | Laboratory Services/non-drug testing | - | | - | - | | - | | | - |
| 21 | Pharmaceutical | - | | - | - | | - | | | |
| 22 | 24 Hour Program: Food | _ | | - | - | | - | | | - |
| 23 | 24 Hour Program: Personal Needs Items | - | | - | - | | - | | | - |
| 24 | Client Transportation | + | | - | - | | | | | - |
| 25 | Travel | 150.00 | | 150.00 | 3,600.00 | | 3,600.00 | | | - |
| 26 | Accounting/Auditing/Legal Fees | 25.00 | | 25.00 | 1,850.00 | | 1,850.00 | | | - |
| 27 | Dues and Subscriptions | 25.00 | | 25.00 | 100.00 | | 100.00 | | | |
| 28 | Insurance | 75.00 | | 75.00 | 6,727.80 | | 6,727.80 | | | |
| 29 | Staff Development/Training/Education | 1,834.00 | | 1,834.00 | 1,726.00 | | 1,726.00 | | | · |
| 30 | Tax/License/Fees | 67.50 | | 67.50 | 3,778.27 | | 3,778.27 | | | - |
| 31 | Other Business Services | 85,520.00 | | 85,520.00 | 4,661.00 | | 4,661.00 | | | - |
| 32 | Interpreter Services | - | | - | - | | ~ | | | - |
| | Operating Expenses Total | 157,684.99 | - | 157,684.99 | 72,165.26 | - | 72,165.26 | - | - | - |

HEALTH AND HUMAN SERVICES AGENCY - BEHAVIORAL HEALTH SERVICES Exhibit C Schedule III- Indirect Cost

| | Contractor: | Community Res | search Founda | tion | | | В | udget Period: | 07/01/15 - 06/30/16 | |
|---|--|-----------------------|---------------------|-----------------------|-------------------------------------|----------------|-----------------|----------------|-------------------------------|----------------|
| | Contract #: | 547132 | | | | | | Amendment #: | 5 | |
| gram Name | TOTAL | PERT Core | PERT MHSA | PERT MHSA Training | PERT Sheriff Public Safety Group | PROGRAM NAME | PROGRAM NAME | PROGRAM NAME | PROGRAM NAME | PROGRAM NAME |
| ding Source/Population | | SD/MC | MHSA | MHSA | Public Safety Group | FUNDING SOURCE | FUNDING SOURCE | FUNDING SOURCE | FUNDING SOURCE | FUNDING SOURCE |
| ries and Benefits | 3,266,715.45 | 1,206,182.65 | 1,417,461.91 | 77,236.13 | 565,834.75 | - | - | | - | |
| rating Expense | 461,615.04 | 100,647.83 | 131,116.96 | 157,684.99 | 72,165,26 | - | - | - | - | - |
| d Asset | - | - | - | - | • | - | - | - | - | |
| Direct Cost (S&B, Operating Expense & Fixed Assets) | 3,728,330,49 | 1,306,830.48 | 1,548,578.87 | 234,921.13 | 638,000.01 | - | - | | | • |
| : Subcontract over \$25,000 | - | | | | | | | | | |
| : Other Distorting Items | - | | | | | | | | | |
| s Direct Cost Net of Distorting Items | 3,728,330.49 | 1,306,830.48 | 1,548,578.87 | 234,921.13 | 638,000.01 | - | - | - | - | |
| ect Cost | 557,106.85 | 195,273.52 | 231,396.84 | 35,103.16 | 95,333.33 | | | | | |
| ect Cost Rate (based on Net Direct Cost) | 14.94% | 14.94% | 14.94% | 14.94% | 14.94% | | | | | |
| ect Cost Rate (based on Salaries and Benefits) | 17.05% | 16.19% | 16.32% | 45.45% | 16.85% | | | | | |
| ect Cost Rate (based on Operating Expenses) | 120.69% | 194.02% | 176.48% | 22.26% | 132.10% | | | | | |
| | Number of Estimate Have Federal Appro | | | 4.67 | l | Ø NO | | | | |
| | If YES, indicate Rate | | | | | | | | | |
| | INDIRECT COST ME ☑ Using metho | | | ost Allocation Pla | n (CAP) | | | | | |
| | Using Feder | ral Approved Indi | rect Rate | | | | | | | |
| | NOTE: Propo | sed indirect rate car | nnot exceed the fed | eral approved indired | et rate. | | | | | |
| | Others - De | scribe method in | the box below | | | | | | | |
| | | OTHER INDIR | ECT COST MET | THODOLOGY | | | (e.g. HR, IT, Q | A, etc.) | ns included in i | |
| | | | | | | | | | inance, Huma echnology, Qu | |

Exhibit C Supplemental B - Subcontract Agreements

| Contractor: | Community Research Foundation | Contract #: | 547132 | Amendment #: | 5 |
|----------------|-------------------------------|-----------------|--|--------------------------|----|
| Program: | PERT MHSA Training | Funding Source: | MHSA | State Provider Code: 37- | DN |
| Budget Period: | 07/01/15 - 06/30/16 | Address: | 1094 Cudahy Place, Ste 314 San Diego, CA 92110 | D/M-C Provider Code: | 0 |

REMINDER: Submit all Subcontract agreements to COR together with budget or no later than June 30. Remember to obtain written COR concurrence.

| С | ONSULTANT | S | | PROPOSED BUDGET | | | | PRIOR APPROVED BUDGET | | | | - | | NET CHANGE / INCREASE (DECREASE) | | | |
|-----------------------------|--|-----------------------------|---------------|-----------------|----------|---------------|--------------|-----------------------|--------------|----------|---|--------------|---------------|----------------------------------|------------|---------------|-------------|
| NAME | AGENCY | POSITION CLASS | Direct Hrs | Admin Hrs | Rate | Direct Amount | Admin Amount | Direct Hrs | Admin Hrs | Rate | Direct Amount | Admin Amount | Direct Hrs | Admin Hrs | Rate | Direct Amount | Admin Amour |
| 5, 3-day PERT Academies | | Consult Trainer, daily rate | | | 750.00 | 7,500.00 | | | | 750.00 | 11,250.00 | | - | - | | (3,750.00) | - |
| 5, 3-day PERT Academies | | Wayne Spees, daily rate | | | 250.00 | 1,250.00 | | | | 250.00 | 1,000.00 | | - | - | - | 250.00 | - |
| 3, 1-day CRT SD Police Dept | | Consult Trainer, daily rate | | | 750.00 | 2,250.00 | - | | | 750.00 | 750.00 | - | | - | | 1,500.00 | |
| 4, 4-hr Police Academy | | Consult Trainer, daily rate | | | 750.00 | 3,000.00 | - | | | 750.00 | 1,500.00 | | - | - | | 1,500.00 | - |
| 1, 8-hr Police/Paramedics | | Consult Trainer, daily rate | | | 750.00 | 750.00 | - | | | | - | - | - | - | 750.00 | 750.00 | - |
| 2, 8-hr Probation | | Consult Trainer, daily rate | | | 750.00 | 1,500.00 | - | | | | | - | | _ | 750.00 | 1,500.00 | |
| 1, 8-hr Refresher | | Consult Trainer, daily rate | | | 750.00 | 750.00 | • | | | 750.00 | 6,000.00 | - | - | - | - | (5,250.00) | - |
| 10, 8-hr Police Dispatch | | Consult Trainer, daily rate | | | 750.00 | 12,000.00 | | | | | | - | - | | 750.00 | 12,000.00 | - |
| 1, Advanced 16-hr class | | Consult Trainer, daily rate | | | 750.00 | 1,500.00 | - | | | | _ | - | | - | 750.00 | 1,500.00 | _ |
| | <u> </u> | | | | | - | - | | | | <u> </u> | - | | | | - | |
| TOTAL CONSULTANT COSTS | | | | | | 30,500.00 | | <u> </u> | | | 20,500.00 | • | | • | | 10,000.00 | |
| s | UBCONTRAC | эт | | | PROPOS | SED BUDGET | | | PF | RIOR APP | ROVED BUDGE | 7 | · | NET CH | ANGE / IN | ICREASE (DECF | REASE) |
| NAME | AGENCY | POSITION CLASS | Direct Hrs | Admin Hrs | Rate | Direct Amount | Admin Amount | Direct Hrs | Admin Hrs | Rate | Direct Amount | Admin Amount | Direct Hrs | Admin Hrs | Rate | Direct Amount | Admin Amou |
| | | <u></u> | | | | - | - | | | | | - | - | - | - | | - |
| | | | | | | - | - | | | | - | - | | - | - | - | |
| | | | <u> </u> | | <u>.</u> | - | - | | | ļ | | - | - | - | - | - | - |
| | | | 1 | | | | - | | | | • | - | | - | - | | <u> </u> |
| | | | | | | | - | | | | · . | | ļ <u>.</u> | ļ <u>.</u> | ļ <u>.</u> | | ļ · |
| | | | ┨─── | | | <u> </u> | | | | - | - | - | <u> </u> | - | <u> </u> | - | <u> </u> |
| <u>_</u> | | | | ļ <u>.</u> | | | - | - | | | - | - | <u> </u> | - | - | | |
| TOTAL SUBCONTRACT COSTS | | <u> </u> | ╢ | L | ! | - | · | | l | | • | • | <u> </u> | | - | - | |

| Contractor: | Community Research Foundation | Contract #: | 547132 | Amendment #: | | | 5 |
|----------------------------|--|-------------------------|------------------|-------------------------|----------------|------|-----------------------|
| Budget Period: | 07/01/15 - 06/30/16 | State Provider C | ode: 37DN | D/M-C Provider Code: | | | 0 |
| Background and with new | & Instructions: The following information a | is required of Contrac | tor when subi | nitting contract budget | s adju | stme | ents |
| | consultants (Services rendered by persons who | | ticular professi | on or possess a special | Total | Amo | ount |
| skill and who | are not officers or employees of the contractor |) | | | \$ | | 30,500 |
| 1. | ief Description & Justification): ners and Nami Speakers | | | | | | |
| | | | | | | | |
| LINE ITEM: B | uilding Rent or Lease **Rent cannot be clai | med if you own the b | uilding** | | Total | | ount 71,630 |
| (Provide a Bri | ef Description & Justification): | | | | <u> </u> ₹ | | 71,030 |
| I ' | ce rent at 1094 Cudahy St; Rents at Murphy Ca | anyon relocation site | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | T | | |
| LINE ITEM: B | uilding Repair & Maintenance | | | | Total | | ount 12,247 |
| (Provide a Bri | ef Description/Justification): | | | | ΙΨ | | 12,2-71 |
| 3. | rity and janitorial services. Contingency expen | ses. | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| LINE ITEM: E | quipment Rent & Lease (e.g., copiers, fax mad | chines vehicles noint-c | of-sale equipme | ent etc) | Total | Amo | ount |
| | | | | | \$ | | 7,714 |
| 1 ' | ef Description & Justification): ostage machine leases | | | | | | |
| ' | , and the second | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | • | Total | Δm | ount |
| LINE ITEM: E | quipment Repair & Maintenance | | | | \$ | Anic | 3,900 |
| 1.1 | ef Description & Justification): enance agreement. Info Tech service data main | ntanance | | | - | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | T ₊ | | |
| LINE ITEM T | alacommunications (a.n. internet telephone l | ona dietanca call nhon | ac' cabla or ca | tallita TV/ atc \ | Total | Amo | ount |

| | Community Research Foundation | Contract #: | 547132 | | _ Amendment #: | | 5 |
|----------------------------|---|-----------------------|---------------|--------------------|-------------------------|---------|--------|
| Budget Period: | 07/01/15 - 06/30/16 | State Provider (| Code: 37 | DN | D/M-C Provider Code: | | 0 |
| Background and with new | & Instructions: The following information is contracts. | required of Contra | ctor when | subm | itting contract budgets | s adjus | tments |
| EINETTEN. T | elecommunications (e.g., internet, telephone, ior | ig distance; cen prio | nes, cabie | or sate | since TV, etc.) | \$ | 44,772 |
| ' | ef Description & Justification): | | | | | | |
| Telepacific off | ice land lines. AT&T aircards for mobile electron | ic health record cha | rting. Clinic | ian ce | Il phone service. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | Community Research Foundation | Contract #: | 547132 | | _ Amendment #: | | |
|-------------------------------------|---|----------------------|-----------|------|-----------------------|-----------|------------------|
| Budget Period: | 07/01/15 - 06/30/16 | State Provider | Code: 37 | DN | D/M-C Provider Code: | | |
| Background and with new | & Instructions: The following information in contracts. | s required of Contra | ctor when | subm | itting contract budge | ts adjus: | tments |
| INE ITEM: II | tilities (e.g., gas, electricity, water, sewer, burg | elar alarm, etc.) | | • | | Total A | Amount |
| EINE ITEM. O | timies (e.g., gas, electricity, water, sewer, burg | nai alaini, etc.) | | | | \$ | 7,600 |
| (Provide a Bri Electrical utilit | ef Description & Justification): y expense | | | | | | |
| LINE ITEM: M | linor Equipment (Item cost between \$100 - \$5, | 000) | | | | Total / | Amount 76,664 |
| (Provide a Bri | ef Description & Justification): | | | | | 4 | 70,004 |
| | | | | | | | |
| INE ITEM: O | ffice Supplies | | | | | Total A | Amount |
| | The outpiles | | · | | <u>.</u> | \$ | 14,719 |
| | ef Description & Justification): s office supplies, paper, pens, etc.; Laptop carr | ying case | | | | | |
| INE ITEM: O | ther Cumplies ****** food beverage or food | l cumplion*** | | | | Total A | Amount |
| LINE ITENI: O | ther Supplies ***No food, beverages or food | i supplies | | | | \$ | 5,917 |
| • | ef Description & Justification): niscellaneous supplies, cleaning supplies, rest | room supplies | | | | | |
| | | | | | | | |
| | | | | | | T-4-1-6 | |
| LINE ITEM: P | rinting | | | | | Total A | Amount 15,457 |

| Contractor: | Community Research Foundation | Contract #: | 547132 | | Amendment #: | | 5 |
|----------------------------|--|-----------------------------|-------------|---------|--------------------------|-----------|--------|
| Budget Period: | 07/01/15 - 06/30/16 | State Provider Code: 37- DN | | | D/M-C Provider Code: | | |
| Background and with new | & Instructions: The following information is req ocontracts. | uired of Contrac | tor when | subm | itting contract budgets | s adjustr | nents |
| LINE ITEM. T | 40. A (inch. do - miles - mile | dhara ta CCA an | d IDC limi | **** | | Total A | mount |
| LINE ITEM. II | ravel (includes mileage reimbursement) ***Must ac | unere to GSA an | u iks iiini | is | | \$ | 14,550 |
| 1, | ef Description & Justification): IRS' standard mileage reimbursement rate, reimbur | ses employees fo | r miles the | y drive | e in their own automobil | es | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Contractor: | Community Research Foundation | Contract #: | 54/132 | | Amendment #: | | |
|-------------------------|--|--|-----------------|------------|----------------------|------------|------------|
| Budget Period: | 07/01/15 - 06/30/16 | State Provider (| Code: 37 | ON I | D/M-C Provider Code: | | (|
| Background and with new | & Instructions: The following information i contracts. | s required of Contra | ctor when su | ıbmitt | ing contract budge | ts adjus | tments |
| I INIC ITEMA A | occupting. Auditing and Logal Food | | | | | Total | Amount |
| LINE HEW. A | ccounting, Auditing and Legal Fees | | | | | \$ | 6,773 |
| - | ef Description & Justification): nnual independent audit | | | | | | |
| LINE ITEM: Di | ues & Subscription | | | | | | Amount |
| | ef Description & Justification): ssional association membership such as Nation | nal Council on Alcoho | and Drug De | ep, M⊢ | IA Corp of America. | \$ | 1,716 |
| | | | | | | Total | Amount |
| LINE ITEM: In: | surance (e.g., worker's compensation, profess | ional liability, etc.) | | | | \$ | 23,235 |
| | ef Description & Justification): HIPPA, Fiduciary, General Liab, Umbrella, Sex | ual Misconduct, Crime | e, Property | | | | |
| INF ITEM: St | taff Training & Education ***Must benefit Con | | Center*** | | | Total | Amount |
| | mat benent of | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | \$ | 10,788 |
| CPR Training, | ef Description & Justification): Self defense instructors, Training software us ention in the workplace trainings , MHR dinner | ed to manage profess | ional developi | ment, | cultural competency | requirer | nents, and |
| LINE ITEM: Ta | ax/Licenses/Fees (e.g., Professional Licenses, | Memberships) | | | | Total / | Amount |
| | | | | | ···· | \$ | 9,905.33 |
| | ef Description & Justification): IRS' standard mileage reimbursement rate, rei | mburses employees fo | or miles they o | drive i | n their own automob | les | |

| Contractor: | Community Research Foundation | Contract #: | 547132 | Amendment #: | 5 |
|----------------------------|---|------------------|------------------|---------------------------|--------------|
| Budget Period | 07/01/15 - 06/30/16 | State Provider C | ode: 37- DN | D/M-C Provider Code: | 0 |
| Background and with nev | & Instructions: The following information is req v contracts. | uired of Contrac | tor when subn | nitting contract budgets | adjustments |
| professional s | Other Business Services (e.g., printing, background of subscriptions, FedEx, UPS, US Postal Service, etc.) ass meals, food, beverages or food supplies*** | heck for employe | es/volunteers, ı | recruitment, advertising, | Total Amount |
| Chart and red | ief Description & Justification): cord storage, checking account fees, Staff recruiting NAMI Panelists | expense, PERT A | cademy trainin | g expenses, Marina Villa | <u> </u> |
| | | | | | |